

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO. 10/1593540 FILING DATE _____

APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1	1						
2		1					
3		1					
4		1					
5		1					
6		2	1				
7		1	2				
8		2	1				
9							
10		3	1				
11			1				
12		3	1				
13			2				
14		1					
15		1					
16		1					
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47							
48							
49							
50							
TOTAL IND.	1						
TOTAL DEP.	12	←	←	←			
TOTAL CLAIMS	13	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
51							
52							
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95							
96							
97							
98							
99							
100							
TOTAL IND.							
TOTAL DEP.		←	←	←			
TOTAL CLAIMS		[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	